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7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against,

11 **GEORGE WILLIAM PARKINSON, M.D**  
1426 East Hamilton Ave.  
12 Campbell, CA 95008

13 Physician's and Surgeon's Certificate No. G 22439

14 Respondent.

Case No. 800-2015-014341

**DEFAULT DECISION  
AND ORDER**

[Gov. Code, §11520]

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16  
17 **JURISDICTION**

18 1. On or about October 4, 2017, Complainant Kimberly Kirchmeyer, in her official  
19 capacity as the Executive Director of the Medical Board of California, filed Accusation No. 800-  
20 2015-014341 against George William Parkinson, M.D (Respondent) before the Medical Board of  
21 California.

22 2. On or about June 23, 1972, the Medical Board of California (Board) issued  
23 Physician's and Surgeon's Certificate No. G 22439 to Respondent. The Physician's and Surgeon's  
24 Certificate expired on July 31, 2017, and has not been renewed.

25 3. On or about October 4, 2017, Robyn Fitzwater, an analyst in the Board's Discipline  
26 Coordination Unit, served by Certified Mail a copy of the Accusation No. 800-2015-014341,  
27 Statement to Respondent, Notice of Defense, Request for Discovery, and Government Code  
28 sections 11507.5, 11507.6, and 11507.7 to Respondent's address of record with the Board, which

1 was and is: 1426 East Hamilton Ave., Campbell, CA 95008. A copy of the Accusation, the  
2 related documents, and Declaration of Service are included in the Exhibit Package<sup>1</sup> as Exhibit A,  
3 and are incorporated herein by reference. On October 6, 2017, Ms. Fitzwater served a courtesy  
4 copy of the Accusation to Respondent's home address.<sup>2</sup>

5 4. Service of the Accusation was effective as a matter of law under the provisions of  
6 Government Code section 11505, subdivision (c).

7 5. Records of the United States Postal Service (USPS) show that the Accusation was  
8 received at Respondent's home address on October 10, 2017. A copy of the receipt returned by  
9 the post office is included in the Exhibit Package as Exhibit B, and is incorporated herein by  
10 reference.

11 6. On October 19, 2017, counsel for Respondent confirmed that the Accusation had  
12 been received. Counsel advised that Respondent had not yet decided how to proceed, either by  
13 Notice of Defense or default. (See Declaration of Counsel, Exhibit Package, Exhibit C)

14 7. The time within which Respondent was required to file a Notice of Defense expired.  
15 On October 24, 2017, a Courtesy Notice of Default was sent to Respondent's address of record  
16 and to his home address. A courtesy copy was also sent to his attorney. USPS records show that  
17 the Courtesy Notice of Default was delivered to Respondent's attorney on October 26, 2017. A  
18 copy of the Courtesy Notice of Default and the USPS tracking record are included in the Exhibit  
19 Package as Exhibit D.

20 8. Respondent failed to file a Notice of Defense within 15 days after service upon him  
21 of the Accusation, and therefore waived his right to a hearing on the merits of Accusation No.  
22 800-2015-014341.

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27 <sup>1</sup> The evidence in support of this Default Decision and Order is submitted herewith as  
"Exhibit Package."

28 <sup>2</sup> The licensee's home address is omitted to protect privacy.

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1 that Respondent's care, specifically his inappropriate prescribing of large quantities  
2 of opioids and other controlled substances, posed a danger to his patients and to the  
3 public."

4 (Declaration of Timothy A. Munzing, M.D., included in the Exhibit Package as Exhibit E)

5 14. Pursuant to its authority under Government Code section 11520, the Board finds  
6 Respondent is in default. The Board will take action without further hearing and, based on  
7 Respondent's express admissions by way of default and the evidence before it, contained in  
8 exhibits A through E, finds that the allegations in Accusation No. 800-2015-014341 are true.

9 DETERMINATION OF ISSUES

10 1. Based on the foregoing findings of fact, Respondent George William Parkinson, M.D  
11 has subjected his Physician's and Surgeon's Certificate No. G 22439 to discipline.

12 2. A copy of the Accusation and the related documents and Declaration of Service are  
13 included in the Exhibit Package.

14 3. The agency has jurisdiction to adjudicate this case by default.

15 4. The Board is authorized to revoke Respondent's Physician's and Surgeon's Certificate  
16 based upon the following violations alleged in the Accusation: Gross negligence, excessive  
17 prescribing and repeated negligent acts in violation of Sections 2234, 2234(b), 2234(c) and 725 of  
18 the Business and Professions Code.

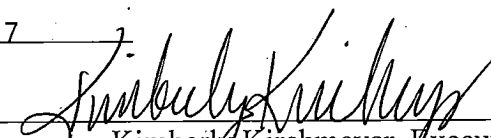
19 ORDER

20 IT IS SO ORDERED that Physician's and Surgeon's Certificate No. G 22439, heretofore  
21 issued to Respondent George William Parkinson, M.D, is revoked.

22 Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a  
23 written motion requesting that the Decision be vacated and stating the grounds relied on within  
24 seven (7) days after service of the Decision on Respondent. The agency in its discretion may  
25 vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

26 This Decision shall become effective on December 22, 2017.

27 It is so ORDERED November 22, 2017

28   
Kimberly Kirchmeyer, Executive Director  
FOR THE MEDICAL BOARD OF CALIFORNIA

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BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 800-2015-014341

**GEORGE WILLIAM PARKINSON, M.D**  
1426 East Hamilton Ave.  
Campbell, CA 95008

**A C C U S A T I O N**

Physician's and Surgeon's Certificate No. G22439,

Respondent.

Complainant alleges:

**PARTIES**

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California.

2. On or about June 23, 1972, the Medical Board issued Physician's and Surgeon's Certificate Number G22439 to George William Parkinson, M.D (Respondent). The Physician's and Surgeon's Certificate expired on July 31, 2017, and has not been renewed.

**JURISDICTION**

3. This Accusation is brought before the Medical Board of California (Board), under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

1           4.     Section 2227 of the Code provides that a licensee who is found guilty under the  
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
4 action taken in relation to discipline as the Board deems proper.

5           5.     Section 2234 of the Code, states:

6           “The board shall take action against any licensee who is charged with unprofessional  
7 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
8 limited to, the following:

9           “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
10 violation of, or conspiring to violate any provision of this chapter.

11           “(b) Gross negligence.

12           “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
13 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
14 the applicable standard of care shall constitute repeated negligent acts.

15           “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
16 for that negligent diagnosis of the patient shall constitute a single negligent act.

17           “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
18 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
19 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
20 applicable standard of care, each departure constitutes a separate and distinct breach of the  
21 standard of care.”

22           6.     Section 725 of the Code states:

23           “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
24 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
25 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
26 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,  
27 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language  
28 pathologist, or audiologist.

1       "(b) Any person who engages in repeated acts of clearly excessive prescribing or  
2 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of  
3 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by  
4 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and  
5 imprisonment.

6       "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or  
7 administering dangerous drugs or prescription controlled substances shall not be subject to  
8 disciplinary action or prosecution under this section.

9       "(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section  
10 for treating intractable pain in compliance with Section 2241.5."

11       7.     Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
12 adequate and accurate records relating to the provision of services to their patients constitutes  
13 unprofessional conduct.

#### 14                                   **FIRST CAUSE FOR DISCIPLINE**

15                           **(Gross Negligence, Excessive Prescribing, Repeated Negligent Acts)**

16                                   **(Patient D.S.)**

17       8.     Respondent George William Parkinson, M.D., is subject to disciplinary action under  
18 sections 2234 and/or 2234(b) and/or 2234(c) and/or 725 in that Respondent excessively  
19 prescribed opioid medications to Patient D.S.<sup>1</sup> The circumstances are as follows:

20       9.     On or about August 1, 2012, Patient D.S., a 44 year old male, came under  
21 respondent's care and treatment of an acute trauma after he was struck in the chest by a rock. The  
22 patient complained of pleuritic pain. The patient's history is limited to a note stating that the  
23 patient operated a backhoe and crane and was engaged in physically demanding work. A  
24 nonspecific reference to intermittent discogenic pain is merely stated, but not described.  
25 Respondent did not document a physical examination other than to draw a vertical line through 29  
26 items on a review of systems checklist. Respondent did not list a specific diagnosis, but the  
27 patient appears to have had subjective complaints of chest pain, an insomnia. No treatment plan

28       <sup>1</sup> Patient names are abbreviated to protect privacy rights.

1 is documented and it cannot be discerned from the note what medical treatment or advice the  
2 patient was given.

3 10. On August 24, 2012, the patient returned with a complaint of rib pain, apparently  
4 from the same chest trauma. Respondent's notes are brief and lack significant details, stating  
5 only that the patient had pain in his left ribs. The patient's vital signs were taken, with a blood  
6 pressure measure at 193/114 and 193/103, but the only comment record is "hypertension" without  
7 any stated treatment plan. As before there is no documented physical examination, diagnosis or  
8 treatment plan. Although it is not documented in the chart note for the visit, reference to a  
9 CURES<sup>2</sup> report shows that Respondent started the patient on oxycodone<sup>3</sup>, 30 mg, #49.

10 11. Respondent continued to see the patient for a variety of musculoskeletal complaints  
11 through May 2015. In the first several months of treatment, serial x-rays were ordered; however,  
12 on January 17, 2013, Patient D.S.' insurer questioned the medical indication for multiple imaging  
13 studies given the fact that Respondent's records contained no abnormal findings.

14 12. Respondent's notes are uniformly sparse, omitting pertinent history of the presenting  
15 complaint, physical examination, diagnosis or treatment plan, such that it is difficult to determine  
16 what the patient's condition was at any point in time or whether he was benefitting from the  
17 medications prescribed.

18 13. Despite the lack of documented justification for opioid therapy, Respondent  
19 prescribed short and long acting opioids, primarily oxycodone, to Patient D.S. in escalating  
20 dosages without any documented rationale. By 2014-2015, Patient D.S. was receiving  
21 approximately 480 tablets or more of oxycodone, 30 mg., an excessive and potentially lethal  
22 dosage of morphine equivalent medication.

23 14. Respondent disregarded evidence that Patient D.S. was abusing his medications. On  
24 February 1, 2013, Patient D.S.' mother advised Respondent that Patient D.S. had an addictive

25 <sup>2</sup> CURES (Controlled Substance Utilization Review and Evaluation System) is a database  
26 of Schedule II, III and IV controlled substance prescriptions dispensed in California, serving the  
public health, regulatory oversight agencies and law enforcement.

27 <sup>3</sup> Oxycodone hydrochloride is a controlled substance and a potent narcotic analgesic with  
28 multiple actions similar to those of morphine. It can produce drug dependence and has the  
potential for abuse.

1 personality and had a history of substance abuse dating back to age 12. She urged Respondent to  
2 substitute Suboxone<sup>4</sup> for opioids. Respondent documented a discussion with the patient, who  
3 stated that the information was false, and based on that Respondent continued to prescribe opioids  
4 to Patient D.S. Respondent did not have D.S. sign a medication contract, did not consult CURES  
5 to determine whether the patient was obtaining early refills or getting opioids prescribed by other  
6 physicians and did not utilize urine toxicology screens to determine whether narcotics were being  
7 diverted. Two chain pharmacies notified Respondent that they would not continue to fill his  
8 prescriptions without a documented diagnosis to support them.

9 15. Patient D.S.' last documented visit with Respondent was on May 25, 2015, at which  
10 time Respondent reported that the patient's back pain persisted despite years of high dose opioid  
11 therapy. The patient's medications were on a taper that Respondent began in or about April 2015,  
12 without an explanation for the change in treatment plan. As on other visits the note is sparse,  
13 lacking a physical examination, treatment plan, diagnosis or rationale for continuing even a  
14 tapered therapy which had clearly failed.

15 16. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject  
16 to disciplinary action based on his gross negligence, repeated negligent acts and/or excessive  
17 prescribing as set forth above and including, but not limited to, the following:

18 A. Respondent inappropriately and excessively prescribed opioid medications to Patient  
19 D.S.;

20 B. Respondent failed to perform and/or failed to document the basic elements of patient  
21 care, including but not limited to: a complete history, physical examination with findings,  
22 diagnosis, treatment plan with objectives, informed consent and discussion of alternative  
23 treatments;

24 C. Respondent failed to utilize safeguards to assure that the patient was not abusing or  
25 diverting his narcotic medications, including but not limited to: utilizing a narcotic medication  
26 contract, checking CURES reports to ascertain whether the patient was obtaining early refills or  
27

28 <sup>4</sup> Suboxone is a trade name for a combination of an opioid, buprenorphine, and an opioid  
blocker, naloxone, used to treat patients who are dependent (addicted to) opioids.

1 doctor shopping and/or implementing urine toxicology screens to determine if the patient's  
2 escalating narcotic use might indicate drug diversion.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Gross Negligence, Excessive Prescribing, Repeated Negligent Acts)**

5 **(Patient J.P.)**

6 17. Respondent George William Parkinson, M.D., is subject to disciplinary action under  
7 sections 2234 and/or 2234(b) and/or 2234(c) and/or 725 in that Respondent excessively  
8 prescribed opioid medications to Patient J.P. The circumstances are as follows:

9 18. On April 16, 2013, Patient J.P., a 31 year old obese female, came under Respondent's  
10 care for chronic right knee pain which she attributed to a previous motor vehicle accident. She  
11 also gave a history of back pain and arthritis. The physical examination, which is documented by  
12 a vertical line drawn through multiple systems, was normal except for the patient's obesity (BMI  
13 = 40.7), high blood pressure (131/103) and tachycardia (measured at 95 and 103). Respondent  
14 requested that the patient provide prior medical records, but she apparently did not comply.  
15 Respondent prescribed oxycodone/APAP, 10/325 mg., #90, albeit his records do not document a  
16 consideration of alternative treatments or an informed consent discussion of the risks of opioid  
17 therapy. The patient obtained multiple additional prescriptions, each prescription issued within a  
18 week or less of the others, for this controlled substance prior to her next face-to-face visit.

19 19. Patient J.P. returned on May 16, 2013, at which time her complaints were back and  
20 knee pain. A physical examination is not documented. The patient was issued a prescription for  
21 oxycodone/APAP, 10/325 mg, #180. Per a CURES report<sup>5</sup>, the patient received prescriptions for  
22 additional narcotic medication on May 20, 22 and 24, 2013. On May 22, 2013 the patient  
23 reported that the purse which contained her medication was stolen. Respondent's chart also  
24 states that "pharmacy search shows use of multiple pharmacies." Despite this evidence of  
25 possible drug seeking behavior and/or drug diversion on the part of Patient J.P., Respondent

26 \_\_\_\_\_  
27 <sup>5</sup> The Board obtained CURES reports in the course of its investigation. Although  
28 respondent, as a licensed physician, had access to the CURES system, he did not utilize it to  
detect drug abuse/diversion by his patients.

1 continued prescribing high dose opioid medications for her, without requiring that the patient  
2 enter into a medication agreement or submit to a urine toxicology screen.<sup>6</sup>

3 20. In June 2013, Respondent added diazepam<sup>7</sup>, 10 mg, and hydrocodone/APAP<sup>8</sup>, 10/325  
4 mg, to the patient's drug regimen. On August 8, 2013, Patient J.P. slipped and fell in a sandwich  
5 shop and Respondent agreed to provide a second opinion and undertake her care on a lien basis.  
6 In the following months, Patient J.P.'s use of opioids and benzodiazepines accelerated, such that  
7 in October 2013, she received diazepam, 10 mg., 320 tablets, oxycodone, 30 mg., 290 tablets, and  
8 hydrocodone, 10/325 mg., 1,000 tablets, via 14 prescriptions issued by Respondent. Apparently  
9 to evade detection of her abuse/diversion at the pharmacy, Patient J.P. filled her prescriptions at  
10 multiple pharmacies. Had Respondent utilized the CURES system, he would have been aware  
11 that Patient J.P. was abusing and/or diverting her medications.

12 21. On October 14, 2013, Patient J.P. was seen by a physician assistant at Kaiser  
13 Permanente. Patient J.P. was diagnosed with left patellofemoral syndrome and heat, non-narcotic  
14 anti-inflammatory medications, ice, stretching and strengthening were recommended. In a note,  
15 the physician assistant documented the patient's explanation for her past abuse of oxycodone:  
16 "States she was getting it for her husband not herself." The record of this visit was included in  
17 Respondent's chart but her admission of diverting narcotics was not commented on by him.

18 22. Information available on the CURES reporting system shows that Respondent  
19 continued to prescribe large quantities of controlled substances to Patient J.P., such that in April  
20 2014 she received diazepam, 10 mg., 430 tablets, oxycodone, 30 mg., 230 tablets and  
21 hydrocodone, 10/325 mg., 550 tablets. In the same time period, Patient J.P. visited five other  
22 healthcare providers and obtained additional amounts of these three drugs from them. As had  
23 been her pattern from the outset of her treatment with Respondent, she utilized multiple  
24 pharmacies to evade detection.

25 \_\_\_\_\_  
26 <sup>6</sup> Respondent's chart contains an undated lab order for a "comprehensive toxicology  
screen" but this test was either not performed or the results were not recorded.

27 <sup>7</sup> Diazepam is a benzodiazepine and a controlled substance with a potential for habituation  
and abuse.

28 <sup>8</sup> Hydrocodone (Vicodin) is an opioid and a controlled substance with a potential for  
habituation and abuse.

1        23. On January 12, 2015, Respondent received a printout of a CURES report from a  
2 pharmacy which showed that Patient J.P. was utilizing multiple providers and multiple  
3 pharmacies to obtain opioids and benzodiazepines. Thereafter, Respondent did begin a taper of  
4 Patient J.P.'s medications and he charted that "she is detoxing slowly from oxycodone." For the  
5 first time, he had Patient J.P. sign an agreement to receive her medications only from Respondent.

6        24. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject  
7 to disciplinary action based on his gross negligence, repeated negligent acts and/or excessive  
8 prescribing as set forth above and including, but not limited to, the following:

9        A. Respondent inappropriately and excessively prescribed opioid medications to Patient  
10 J.P.;

11        B. Respondent failed to utilize safeguards to assure that the patient was not abusing or  
12 diverting her narcotic medications, including but not limited to: utilizing a narcotic medication  
13 contract, checking CURES reports to ascertain whether the patient was obtaining early refills or  
14 doctor shopping and/or implementing urine toxicology screens to determine if the patient's  
15 escalating narcotic use might represent diversion.

16  
17                    **THIRD CAUSE FOR DISCIPLINE**

18                    **(Failure to Maintain Adequate and Accurate Records)**

19                    **(All Patients)**

20        25. Respondent George William Parkinson, M.D., is subject to disciplinary action under  
21 section 2234 and 2266 of the Code in that Respondent failed to maintain adequate and accurate  
22 records for his patients.

23        26. Complainant incorporates the allegations of the First and Second Causes for  
24 Discipline as though fully set out in this, the Third, Cause for Discipline.

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27. A physician and surgeon should create and maintain records which, at a minimum, document a medical history (including a substance abuse history), a physical examination, an assessment and treatment plan with objectives, informed consent, treatments, medications prescribed, rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of the treatment plan. As alleged above, Respondent's records for his patients routinely lack some or all of these elements.

## P R A Y E R

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G22439, issued to George William Parkinson, M.D;
2. Revoking, suspending or denying approval of George William Parkinson, M.D's authority to supervise physician assistants and advanced practice nurses;
3. Ordering George William Parkinson, M.D, if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: October 4, 2017

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
State of California  
*Complainant*

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